

WISCONSIN MEDICAID
URGENT CARE DENTAL IN-STATE EMERGENCY PROVIDER DATA SHEET

Wisconsin Medicaid requires information to enable Medicaid to provide temporary certification and to authorize and pay for dental services provided to eligible recipients.

A Dental Provider's personally identifiable information is used for purposes directly related to Medicaid administration such as determining the temporary certification of providers or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of Medicaid payment for the services.

You are considered a Medicaid provider only for purposes of the care provided to the recipient indicated below on the date indicated below ("the care"). By submitting a bill for Medicaid payment for the care, you agree to keep records disclosing the extent of the care and Medicaid payments claimed for the care and, upon request, to furnish to state or federal Medicaid authorities any such records. **Under state and federal laws, by accepting Medicaid payment for the care you are prohibited from seeking payment from the recipient, or other person on behalf of the recipient, even if there is a difference between your normal charge and the Medicaid payment for the care.**

INSTRUCTIONS: Complete this data sheet for whoever performed dental services on a Wisconsin Medicaid recipient. This is required in order to submit claims for urgent dental services. **Attach this data sheet to ADA 2000 or CMS 1500 claim form.**

In order to be reimbursed for services provided, Wisconsin Medicaid must receive correct and complete claims, including resubmissions and adjustments, within 365 days from the date of service.

Submit completed form with attachments to:

Wisconsin Medicaid
In-State Emergency Claims
6406 Bridge Rd
Madison WI 53784-0011

Important: For a provider to be paid for services, the provider must verify recipient eligibility. This can be done by calling the Eligibility Hotline at (800) 947-9627.

Name — Provider

Telephone Number — Provider

Address — Provider (where services are rendered)

Name — Payee (to whom checks are made payable)

Address — Payee (where checks are to be sent)

Payee's:

☐ Federal Identification/IRS Number ____ - ____ - ____ - ____ - ____

☐ Social Security Number ____ - ____ - ____ - ____ - ____

License Number

Name — Recipient

Recipient Medicaid Number

I affirm that services provided are medically indicated and necessary to the patient's health. The services are within the scope of my (our) licensure. I understand that any false claims, settlements, documents, or concealment of material fact may be prosecuted under applicable federal and state law. I further affirm that to the best of my knowledge the information presented here is accurate and complete.

SIGNATURE — Provider or authorized agent of institution

Date Signed

EMERGENCY CODES FOR DENTAL CARE

CODE	DESCRIPTION
D0140	Limited oral evaluation — problem focused
D0220, D0230	Intraoral — periapical first films
D0250	Extraoral first
D0260	Extraoral — each additional film
D0270	Bitewing-single film
D0330	Panoramic film
D2140-D2394	Restorative services
D2930	Prefabricated stainless steel crown — primary tooth
D2931	Prefabricated stainless steel crown — permanent tooth
D2932	Prefabricated resin crown
D2940	Sedative filling
D3220	Therapeutic pulpotomy (excluding final restoration) — removal of pulp coronal to the detinocemental junction and application of medicament
D3221	Gross pulpal debridement, primary and permanent teeth
D9110	Palliative (emergency) treatment dental pain — minor procedure
D5510	Repair broken complete denture base
D5520	Replace missing or broken teeth — complete denture (each tooth)
D5610	Repair resin denture base
D7111, D7140	Extractions
D7210, D7220, D7230, D7240	Surgical extractions
D7250	Surgical removal of residual tooth roots (cutting procedure)
D7260	Oroantral fistula closure
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth and/or alveolus
D7510	Incision and drainage of abscess — intraoral soft tissue
D7520	Incision and drainage of abscess — extraoral soft tissue
D7610- D7780	Treatment of fractures
D7820	Closed reduction of dislocation
D7830	Manipulation under anesthesia
D7910- D7912	Sutures
D9220	General anesthesia — first 30 minutes
D9248	Non-intravenous conscious sedation
D9241	Intravenous sedation/analysis — first 30 minutes
D9420	Hospital call